

**OFFICE OF JUVENILE JUSTICE
7919 Independence Blvd.
State Police Building, First Floor
Baton Rouge, LA 70806
Tel. 225.287.7900**

**MEDIA RELEASE (youth)
Commercial Projects**

I _____, a youth in the custody/supervision of the Office of Juvenile Justice, (or if under the age of majority, the undersigned parent or legal guardian of the above-named youth), voluntarily agree (or authorize the youth) to be interviewed, photographed, audio or video recorded and/or to have identifying information published by the news media, the Office of Juvenile Justice, or _____ or its assigns.

I give permission for photographs, images, video or audio recordings of myself (the youth), captured via still photography, videography or audio tape recording, to be used in connection with activities of _____ and/or the Office of Juvenile Justice.

I/We do this of our own free will, without coercion or promise of remuneration, compensation or reward from the Office of Juvenile Justice or _____, its agents and employees. I/we hereby relieve and release the Office of Juvenile Justice and its agents and employees from any responsibility and/or liability which may occur directly or indirectly as a result of any participation in, and subsequent publication and/or broadcast of the interview, photography or audio/video recording.

I understand and agree to the above-stated conditions.

Signed: _____
Youth's Name

Signed: _____
Legal guardian (if youth is under the age of majority)

Witnessed on this _____ day of _____, 20____, at _____, Louisiana.

Signed: _____
Witness

Signed: _____
Witness